Division of Mental Health and Addiction
402 W. WASHINGTON STREET, ROOM W353
INDIANAPOLIS, IN 46204-2739
317-232-7800
FAX: 317-233-3472

Community-Based Options for Youth and Families
Intensive Home and Community-Based Wraparound Services

Formal Grievance or Complaint Form

Date:

Contact Information (Optional)	**Service Program**
If you wish DMHA to discuss the concern or complaint with you, please complete contact info below: **Name of person completing the form:** **Phone:** **Email:**	Which program is participant (Youth) enrolled? (Check one): ☐ PRTF Transition Waiver ☐ MFP-PRTF Demonstration Grant **Name of participant (*Optional*):**

Grievance or Complaint
Please describe the complaint or issue. Include details such as persons, services and dates involved, as applicable (*Attach additional sheets if needed*):

Return completed form to the Indiana Division of Mental Health and Addiction (DMHA).

Mail: Indiana Division of Mental Health and Addiction
Attn: Community-Based Options for Youth and Families
402 W. Washington St, W353
Indianapolis, IN 46204

Fax: (317) 233-1986

Policy/Procedure Approval		
Revised: April 2013	Formal Grievance or Complaint Form	
OMPP Approval:	On file	**Date:** April 2013
DMHA Approval:	On file	**Date:** April 2013